

NURSING IN MENTAL DISEASE*

BY BIGELOW T. SANBORN, M.D.
Superintendent Maine Insane Hospital

(Continued from page 682)

THE time allotted me will not allow further discussion of the methods to be pursued in nursing in maniacal conditions, and I will, therefore, briefly call your attention to a few points in the treatment of cases suffering from the opposite condition,—viz., depression of mind, or melancholia,—and will define such a mental state as an affection which is attended with depression, a tendency towards introspection, more or less of mental pain, enfeeblement, and partial prostration of the mental and physical faculties, with or without delusions. Now, the characteristics of this condition about to be described present entirely different phenomena and require, as a rule, entirely different nursing. The latter disease is one where the emotional nature, as in the case of mania, has become perverted; but the former is an exalted condition and the latter a depressed state, accompanied by a disease of the feelings and emotions, sometimes exceedingly painful in character, and there is likely to be observed quite a departure from physical health. The patient at one time in the incipient stages of his disease suffered from neurasthenia, but has now passed beyond the borderland of sanity to a state of a very painful emotional character, has lost more or less power of self-control, accompanied by much confusion of conduct. Here is a case that is likely to suffer from most distressing and apprehensive delusions and hallucinations; and right here it might be well to define these terms.

A delusion is a false belief, out of which for the time being the patient cannot be reasoned by ordinary methods.

An hallucination is when the patient believes he perceives an object as a real presence when there is no real presence to justify the perception; in other words, it is a derangement of one or all of the special senses. The patient believes that he sees objects which do not exist, or he hears voices talking to him when such cannot be a fact; or he smells obnoxious effluvia, or tastes poison which he believes is being thrown into his mouth or system in some unaccountable way.

Both of these states of mind are very likely to exist in patients suffering from mental depression, and particularly in cases of agitated melancholia, and hence this is the class who are strongly suicidal or

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homicidal. I cannot impress upon you too forcibly the importance of close and constant supervision of such cases. Much depends upon unremitting attention both by day and by night, because it may result in the difference between the loss or saving of a life. In uncomplicated cases of melancholia, particularly of those in middle life, about fifty per cent. recover if they are well guarded through this period of the disease, when they are so likely to take on homicidal and suicidal impulses. Many of the mild cases are not bereft of their reasoning faculties,—indeed, you are much more likely to observe the intellectual powers of the mind much less impaired than in the opposite form I have just described. Being, however, under the control of delusions and hallucinations of such a depressing character, while they may not desire to take their life, yet in their perverted imagination they believe it is better for them to do so because, perhaps, from their morbid view they believe they have committed an unpardonable sin, or taken bread out of their children's mouths, or perchance are so wicked it would be much better for their families to live without them; so that in this distressing condition they think it would be better, upon the whole, that they should cease to exist; and similar feelings will sometimes be observed in quite a sane state of mind so far as the intellectual faculties are concerned, and many cunning devices will be resorted to to consummate their purpose. It is apparent, then, that such cases will require much closer supervision in this direction than the maniac. They imbibe homicidal delusions from the same course of reasoning as I have delineated, only carrying it to a little farther extent, believing that it would be better that some member, or all, of the family should be put out of existence, because in consequence of this perverted imagination they believe they are all about to starve or have become of no good to themselves or others. It has been my experience, and I believe that this accords with the opinion of all who have treated any considerable number of insane, that more intense homicidal and suicidal impulses are observed in the melancholiac than is found to exist in any other form of mental malady.

The nursing, so far as alimentation is concerned, should be prosecuted along the same lines as in mania, and will require your constant attention in this direction, because of the fact that this class of cases are laboring under the delusions and hallucinations which have already been noticed, and which condition so dominates the will as to render them exceedingly obstinate in their refusal of food. Nutrition is exceedingly low, all of the organs of the body have become perverted, the stomach often rejects food when it is received, and we should be very careful to administer that which will be most readily assimilated. The

administration of some stimulant in connection with the liquid diet is particularly indicated and will be productive of much benefit. In the majority of cases of this character the person is exceedingly neurasthenic. The nervous system has become very irritable, and this reflex action of the cerebrospinal system upon the various organs of the body, particularly upon the stomach, has so disturbed digestion that only the plainest diet can be taken up by the organs that have to do with tissue-building. While it becomes our duty to resort to forced alimentation at once in order to continue life, yet, happily, it occurs in a small proportion of cases that after this process of sustaining the patient is resorted to once or twice a disposition to take nourishment voluntarily will relieve the nurse of much anxiety. This disposition, however, is more likely to be noticed in exalted than melancholic states, and occasionally in the latter disease the patient will persist for months in his refusal of nourishment. I recall a case at the Maine Insane Hospital whom we fed with the nasal tube constantly twice a day for more than a year who finally was discharged recovered. I would call your attention to the necessity of closely watching for any disposition on the part of the patient to take food by the natural process, because, after all, it must be borne in mind that forced alimentation is unnatural, and the natural juices, which it is the function of the mouth and fauces to supply, are withheld; so, while bearing in mind that while life may be prolonged and death averted by forced feeding, we must remember that it is not a physiological process, and we should hail with delight the first indication of a desire to take nourishment unaided. This disposition on the part of the patient may be significant of an early restoration of reason.

In presenting the third proposition, that of the moral treatment, or nursing, of mental depression, we find very different methods are indicated than in mental exaltation. Muscular activity is very much in abeyance, unless it be a case of agitated depression, and the patient is disinclined to attempt any muscular movements. Indeed, sometimes it appears to be not only a great effort, but is accompanied by more or less mental pain. There is a disposition towards entire inertia, while in mania just the opposite state exists and extreme muscular activity is observed. Now, in consequence of this disposition in the direction of lassitude and inactivity, the person should be induced to take exercise. If possible, the patient should be gotten out constantly in the open air in suitable weather. Visits of judicious friends who will enter into hopeful conversation in the presence of the patient should be encouraged. Reading in the presence of the patient some light literature which will not require too much effort on his part to listen is of service. Daily exercise in riding, and after the patient becomes sufficiently well to

exercise self-control, opportunity afforded by the nurse of listening to some light, pleasant theatricals are potent elements in restoration. In short, in this form of disease the patient must be forced to some extent out into company, not to take an active part, but for the purpose of diverting the mind from its condition of introspection and depression. Always bear in mind that your patient is suffering from a neurasthenic, or tired, condition of the nervous system, and while he is in the presence of others it is better for him to be a listener than to take an active part in conversation. However, there is seldom any disposition on the part of the suffering one to make himself conspicuous, and the nurse would not be likely to be called upon to restrain him in any extra effort which he might attempt to make.

While I have cautioned you, in speaking of the moral measures to be used in nursing the patient, to be exceedingly watchful in order to discover any disposition to homicide or suicide that it may be prevented, it must be borne in mind that you must so conduct yourself in his presence that you will not leave the impression upon him that you are there for the sole purpose of watching him, and you should endeavor to inspire confidence in the direction of his being able to maintain self-control unaided. It happens frequently that if the patient believes you entertain the fullest confidence in him, great exertion on his part is put forth to exercise proper conduct. General massage is always indicated in these depressed forms of mental disease, and if you are called to nurse a patient where the convenience of a bathroom is afforded, you will find that a warm bath, succeeded by general friction, will be of great utility, particularly where he is the victim of extreme restlessness and insomnia.

I might mention the helpfulness in treatment that comes through the use of static and the various forms of electricity, where profound insomnia is very often cured and general stimulation of the trophic centres is observed, but time forbids, and I will not trespass longer upon your patience except to briefly touch upon methods of restraint.

They are naturally divided into three classes,—viz., chemical, mechanical, and physical. Your physician will relieve you of the first by his prescription, but it will be necessary for you to carry out his directions and administer the medicine. If it be absolutely necessary for the well-being of the patient that it should be taken, if refused it can be administered in a liquid form by the nasal tube. It sometimes happens, for obvious reasons, that mechanical restraint must be resorted to. These appliances to-day are almost too numerous to mention, but the most serviceable and humane, in my judgment, are the camisole, the restraint dress, and the bed harness. While you frequently hear of the

straight-jacket and of its use in hospitals for the insane, I would say that I doubt if it can be found in the restraint equipment of any hospital for the insane in this country. It is often confounded with the camisole, the latter being a mild and humane form of restraining a patient, the other exceedingly harsh and cruel, and we hail with delight the fact that this engine of torture was excluded from hospital equipment many years since. While as little restraint should be used as is possible consistent with the good of the patient, in my judgment it is far better to apply some mild restraint than to use physical force. The patient under mechanical restraint soon learns that he is unable to liberate himself and will cease his muscular activity, while in physical restraint he is likely to resist as long as the nurse is using force. I am not an advocate of entire non-mechanical restraint, because where it is not resorted to physical restraint must be used, and of the two I much prefer the former.

If you are engaged to nurse any considerable number of mental cases, you will, in my judgment, be called upon to use some mechanical restraint during the progress of the disease, and I apprehend such a procedure will fully meet the approval and direction of the attending physician.

